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Mr. Chairman and distinguished members of the House Government Reform Committee, my name is Dr. Robert Stroube. I am the State Health Commissioner for the Virginia Department of Health (VDH), and I am honored to be testifying before you today. I would like to thank the Chair and the subcommittee members for convening this hearing.

As State Health Commissioner I serve as the principal advisor to Virginia Governor Mark Warner, Virginia Secretary of Health and Human Resources Jane Woods and the Virginia General Assembly on a wide range of public health issues. I earned a Doctor of Medicine degree from the Medical College of Virginia, a Masters in Public Health from the Johns Hopkins University, and an undergraduate degree from the College of William and Mary. I am a specialist in preventive medicine and certified by the American Board of Preventive Medicine.

The ongoing flu vaccine shortage continues to present many challenges for Virginia. The Virginia Department of Health has been working non-stop to address this issue.

As of November 11, we have received a total of 159,565 doses of flu vaccine which has been distributed to local health departments and long-term care facilities for

administration to people at high-risk of complications from the flu. In addition, the health department has received 84,480 doses of flu vaccine intended for high-risk children eligible for the Vaccines for Children Program. According to recent information from the U.S. Centers for Disease Control and Prevention (CDC), we can expect another shipment of 150,000 doses for allocation to long-term care facilities, hospitals and other health care providers with unmet vaccine needs.

The health department is now providing the flu vaccine to many more people and providers than we would during a typically flu season. You might say that the health department is now the ‘broker’ in the management of the flu vaccine to help ensure that the vaccine goes where it is needed most.

We applaud the re-allocation efforts of the CDC and Aventis, and we are grateful for the timely receipt of vaccine. We firmly believe that as the public health agency for Virginia it is our responsibility to guide the allocation and distribution of vaccine to those most in need. However, we do want the committee to be aware of the immense work load this situation has placed on our state and local health department personnel.

During the first week of November, the state health department distributed more than 77,000 doses of vaccine to our 35 local health districts on a population based formula. Each health district developed a flu vaccine distribution plan based on the needs of the high-risk persons in their community. In developing those plans, all of the health districts had to make difficult decisions on how to distribute the limited amount of vaccine. In

some areas they opened up the phone lines and began taking appointments on a first call-first served basis, some distributed the vaccine to other health care providers in their community, and some pre-identified high-risk individuals who are unable to get the vaccine in the private sector.

In Chesterfield County, just outside Richmond, the local health department held a “drive through” flu vaccine clinic this past weekend so that high-risk people would not have to stand in line out in the cold. That one clinic required 120 staff members to manage all of the logistics. The Chesterfield Health Director estimates that this ongoing issue has required more than 600 hours of work from senior-level managers, supervisors and other personnel. The local health department’s time devoted to this ongoing flu vaccine shortage supply issues means time away from other important public health practices and in some cases may mean the health department is unable to forge as vigorous a response as usual to ongoing outbreaks of communicable disease.

Another example is our ongoing distribution of 82,000 doses of vaccine to long-term care facilities in Virginia who did not receive flu vaccine. In order to accurately determine which facilities still needed vaccine, all of our 35 local health districts surveyed each facility in their community. The health department usually does not provide flu vaccine directly to long-term care facilities. Most of these facilities order through a distributor or directly from the manufacture. This year most of the long-term care facility orders were placed for Chiron vaccine and now these facilities are relying on the health department for their vaccine.

In our Immunization Program we typically only need one full time person working on the flu vaccine program. This year we have four staff persons working continuously managing this issue at the state level. In addition, the issue has required the involvement of all of our senior-level management, public information personnel and some of our emergency preparedness personnel to manage state level planning, logistics, communication and coordination.

We all owe a tremendous amount of gratitude to the hard working and dedicated public health employees who are spending hours planning and executing flu vaccination clinics or answering phone calls from our worried elderly and other high-risk citizens. I would like to take this opportunity to personally thank each and every person for their service to our citizens.

At the beginning of the shortage one of our biggest difficulties was determining how much flu vaccine was available in the private sector. We would like to thank the CDC and Aventis for their efforts to make information about vaccine distribution in the private sector available to us through a secure Web-based database. This information has helped us identify geographical gaps in vaccine supply and focus our distribution efforts to providers in those areas.

However, we are still unable to determine how many of those distributed vaccine doses actually still remain unused, if any. And even if we were able to identify unused vaccine

in the private sector, we do not have legal authority to redirect it without a state declaration of emergency. The database also does not provide information regarding which providers or areas in Virginia are scheduled to receive a shipment of flu vaccine in the coming days. Even our own pharmacy did not know exactly when they would receive our re-allocated shipment until the day it arrived. This has made it difficult to make decisions ahead of time regarding our flu vaccine distribution plans.

Even with all of the flu vaccine that is now coming into Virginia, we do not expect that we will have enough vaccine for every high-risk individual in Virginia this year. To help alleviate this situation, we continue to provide the public with useful tips for preventing the spread of flu in the absence of vaccine, such as frequent hand-washing and staying home from work when sick. In addition, we have been encouraging the use of the pneumococcal vaccine among the elderly and individuals with chronic medical conditions. The widely available vaccine can help prevent pneumonia, which in many cases is a secondary complication following infection with influenza.

We would like to thank the CDC and the U.S. Department of Health and Human Services for all the work they have done to help manage this situation and secure flu vaccine for the state health departments. We believe that everyone involved at the federal, state and local level has done an outstanding job addressing the problem.

But I cannot stress enough how important it is for Congress to take steps now to prevent this flu vaccine shortage from occurring again. This situation has required an enormous

amount of time and effort to manage and has had a major fiscal and human resource impact on other important public health activities.

Efforts must commence now at the national level to ensure a stable flu vaccine supply. As many of us have stated in previous testimony, the present system of vaccine production and distribution is incapable of effectively and efficiently responding to the current demand for flu vaccine. In the event we experience a large scale flu outbreak or pandemic the situation will be much worse. It is imperative that Congress take steps now to support the research development of a more reliable and flexible vaccine production and distribution process. In addition, efforts need to be made now to guarantee an ample supply of flu vaccine from multiple manufactures.

Given the estimated 36,000 people that die each year in the U.S. from the complications of influenza and the threat of a flu pandemic, I believe addressing the flu vaccine production and distribution problem must be of the highest priority for Congress.

Thank you for this opportunity to speak with you today. I would be pleased to answer any questions you may have.